

HR 716 IH

108th CONGRESS

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H. R. 716

To establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

February 12, 2003

Mrs. BONO (for herself, Ms. GRANGER, Mrs. LOWEY, Mr. WAMP, Mr. LAHOOD, Mr. PAYNE, Mr. KENNEDY of Rhode Island, Mr. BLUMENAUER, Mr. CASTLE, Mr. JOHNSON of Illinois, and Mrs. MCCARTHY of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Agriculture, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Improved Nutrition and Physical Activity Act' or the 'IMPACT Act'.

SEC. 2. FINDINGS.

Congress makes the following findings:

- (1) An estimated 61 percent of United States adults and 13 percent of children and adolescents are overweight or obese.

- (2) The prevalence of obesity and being overweight is increasing among all age groups. There are twice the number of overweight children and 3 times the number of overweight adolescents as there were 29 years ago.
- (3) An estimated 300,000 deaths a year are associated with being overweight or obese.
- (4) Obesity and being overweight are associated with increased risk for heart disease (the leading cause of death), cancer (the second leading cause of death), diabetes (the 6th leading cause of death), and musculoskeletal disorders.
- (5) Individuals who are obese have a 50 to 100 percent increased risk of premature death.
- (6) The Healthy People 2010 goals identify obesity and being overweight as one of the Nation's leading health problems and include objectives of increasing the proportion of adults who are at a healthy weight, reducing the proportion of adults who are obese, and reducing the proportion of children and adolescents who are overweight or obese.
- (7) Another goal of Healthy People 2010 is to eliminate health disparities among different segments of the population. Obesity is a health problem that disproportionately impacts medically underserved populations.
- (8) The United States Surgeon General's report 'A Call To Action' lists the treatment and prevention of obesity as a top national priority.
- (9) The estimated direct and indirect annual cost of obesity in the United States is \$117,000,000,000, which exceeds the cost of tobacco-related illnesses and appears to be rising dramatically.
- (10) Weight control programs should promote a healthy lifestyle including regular physical activity and healthy eating, as consistently discussed and identified in a variety of public and private consensus documents, including 'A Call to Action' and other documents prepared by the Department of Health and Human Services and other agencies.

SEC. 3. DEFINITIONS.

In this Act:

- (1) OBESE- The term 'obese' means an adult with a Body Mass Index (BMI) of 30 kg/m² or greater.
- (2) OVERWEIGHT- The term 'overweight' means an adult with a Body Mass Index (BMI) of 25 to 29.9 kg/m² and a child or adolescent with a BMI at or above the 95th

percentile on the revised Centers for Disease Control and Prevention growth charts or another appropriate childhood definition as defined by the Secretary.

(3) SECRETARY- Unless otherwise indicated, term `Secretary' means the Secretary of Health and Human Services.

TITLE I--TRAINING GRANTS

SEC. 101. GRANTS TO PROVIDE TRAINING FOR HEALTH PROFESSION STUDENTS.

Section 747(c)(3) of title VII of the Public Health Service Act (42 U.S.C. 293k(c)(3)) is amended by striking `and victims of domestic violence' and inserting `victims of domestic violence, and individuals (including children) who are overweight or obese (as such terms are defined in section 3 of the Improved Nutrition and Physical Activity Act) and at risk for related, serious and chronic medical conditions'.

SEC. 102. GRANTS TO PROVIDE TRAINING FOR HEALTH PROFESSIONALS.

Section 399Z of the Public Health Service Act (42 U.S.C. 280h-3) is amended--

(1) in subsection (b), by striking `2005' and inserting `2008';

(2) by redesignating subsection (b) as (c); and

(3) by inserting after subsection (a) the following:

`(b) GRANTS-

`(1) IN GENERAL- The Secretary may award grants to qualified entities to train primary care physicians and other licensed or certified health professionals on how to identify, treat, and prevent obesity and aid individuals who are overweight (as such term is defined in section 3 of the Improved Nutrition and Physical Activity Act).

`(2) APPLICATION- An entity that desires a grant under this subsection shall submit an application at such time, in such form, and containing such information as the Secretary may require, including a plan for the use of funds that may be awarded and an evaluation of the training that will be provided.

`(3) USE OF FUNDS- An entity that receives a grant under this subsection shall use the funds made available through such grant to--

`(A) conduct educational conferences, including Internet-based courses and teleconferences, on--

`(i) how to treat and prevent obesity and being overweight using nutritional counseling, methods to increase physical activity, pharmacological therapies, motivational counseling to promote positive changes in health behaviors and to assist patients in identifying potential barriers to adhering to medical recommendations, and other proven interventions;

`(ii) how to discuss varied strategies to promote positive behavior change and healthy lifestyles to avoid obesity, being overweight, and other eating disorders;

`(iii) how to identify overweight and obese patients and those who are at risk for obesity and being overweight and therefore at risk for related serious and chronic medical conditions;

`(iv) how to conduct a comprehensive assessment of individual and familial health risk factors, such as poor nutritional status, physical inactivity, and personal and family history of obesity and related serious and chronic medical conditions; and

`(v) how to educate patients and their families about effective strategies to improve dietary habits and establish appropriate levels of physical activity;

`(B) conduct training to enhance cultural and linguistic competency and communication skills needed to effectively interact with patients from diverse populations regarding weight, health, and nutritional status, including raising awareness of issues regarding stigma and prejudice about obesity or being overweight;

`(C) evaluate the effectiveness of the training provided by such entity in increasing knowledge and changing attitudes and behaviors of trainees;

`(D) develop training materials and course content using evidence-based findings or recommendations that pertain to obesity and overweight treatment and prevention ; and

`(E) collaborate with other training programs related to overweight and obesity prevention and treatment.

`(4) EVALUATION-

`(A) IN GENERAL- An entity that receives a grant under this subsection shall submit to the Secretary an evaluation that describes the activities carried out by such entity with funds received under this section.

`(B) CONTENTS- Such evaluation shall include an assessment of the effectiveness of the activities in increasing physical activity, improving nutrition, and preventing individuals from becoming overweight or obese, treating individuals who are overweight or obese, and any other information that the Secretary may require.'

TITLE II--LOCAL GRANTS

SEC. 201. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

`SEC. 399AA. GRANTS TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION.

`(a) IN GENERAL- The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with Administrator of the Health Resources and Services Administration, the Director of the Indian Health Service, and the heads of other appropriate agencies, shall award competitive grants to cities, counties, tribes, and States to plan, implement, and evaluate culturally and linguistically appropriate and competent community-based programs and promote good nutrition and physical activity to prevent overweight, obesity (as such terms are defined in section 3 of the Improved Nutrition and Physical Activity Act), and related serious and chronic medical conditions that may result from being overweight or obese (as such terms are defined in section 3 of the Improved Nutrition and Physical Activity Act).

`(b) AWARD OF GRANTS- A city, county, tribe, or State desiring a grant under this section shall submit an application to the Secretary at such time, in such form, and containing such information as the Secretary may require, including a plan describing how funds received through a grant under this section will be used and an evaluation of the programs that will be provided. In awarding grants under this section, the Secretary shall ensure that the proposed programs are coordinated in substance and format with programs currently funded through other Federal agencies and operating within the community.

`(c) USE OF FUNDS- A city, county, tribe, or State that receives a grant under this section shall use the funds made available through the grant to carry out 3 or more of the following activities:

`(1) Planning for and promotion of bike paths, walking paths, or other similar or related environmental changes that promote physical activity.

`(2) Forming partnerships and activities with businesses and other entities to increase activity levels at the workplace and while traveling to and from the workplace, develop wellness programs that relate to overweight and obesity, and to

enhance nutritional status by improving food options.

`(3) Establishing tax and other incentives for businesses to increase the activity levels and improve the nutrition of their employees by encouraging such employees to--

`(A) walk or bike to work;

`(B) engage in other physical activity during working hours; and

`(C) improve available food options.

`(4) Forming partnerships with public and private entities including schools, faith-based entities, and other facilities providing recreational services to establish programs that use their facilities for after-school and weekend activities for the community.

`(5) Establishing incentives for retail food stores, farmer's markets, food coops, grocery stores, and other retail food outlets that offer nutritious foods, to encourage such stores and outlets to locate in economically depressed areas to improve the nutritional status of the community.

`(6) Forming partnerships with senior centers and nursing homes to establish programs for older people to foster physical activity and improved nutrition, including strength, flexibility, and aerobic classes.

`(7) Providing educational activities targeting healthier eating, such as cooking and shopping demonstrations, onsite consultation by nutrition professionals at restaurants, and community educational outreach using evidence-based nutrition recommendations.

`(8) Forming partnerships with day care facilities to establish programs that promote improved nutritional status and physical activity.

`(9) Providing training and supervision of community health workers by health professionals to--

`(A) educate families regarding the relationship between nutrition, eating habits, physical activity, and obesity;

`(B) educate families about effective strategies to improve nutrition, establish healthy eating patterns, and establish appropriate levels of physical activity;

`(C) educate and guide parents regarding the ability to model and communicate positive health behaviors; and

`(D) educate and refer individuals to appropriate health care agencies and community-based programs and organizations in order to increase access to quality health care services, including preventive health services.

`(10) Other activities as deemed appropriate by the Secretary.

`(d) EVALUATION- A city, county, tribe, or State that receives a grant under this section shall submit to the Secretary an evaluation, in collaboration with an academic health center or other qualified community-based entity, that describes activities carried out with funds received under this section, the long-term effectiveness of such activities in increasing physical activity, improving nutrition, and preventing individuals from becoming overweight or obese, and such other information as the Secretary may require.

`(e) MATCHING FUNDS- In awarding grants under subsection (a), the Secretary may give priority to applicants who provide matching funds.

`(f) TECHNICAL ASSISTANCE- The Secretary may set aside an amount not to exceed 15 percent of the total amount appropriated for a fiscal year under subsection (g) to permit the Director of the Centers for Disease Control and Prevention to--

`(1) provide grantees with technical support in the development, implementation, and evaluation of programs under this section; and

`(2) disseminate culturally and linguistically appropriate and competent information about strategies and interventions in preventing and treating obesity through the promotion of good nutrition and physical activity.

`(g) AUTHORIZATION OF APPROPRIATIONS- There is authorized to be appropriated to carry out this section \$40,000,000 for fiscal year 2004, and such sums as may be necessary for each of fiscal years 2005 through 2008.'

TITLE III--SCHOOL HEALTH PROGRAM

SEC. 301. ESTABLISHMENT OF A COORDINATED SCHOOL HEALTH PROGRAM.

Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by striking section 399W and inserting the following:

`SEC. 399W. GRANTS.

`(a) STATE EDUCATIONAL GRANTS- The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Administrator of the Health Resources and Services Administration, the Secretary of Education, the Secretary of Agriculture, and the Secretary of the Interior, shall, as part of the Centers for Disease Control and Prevention's coordinated school health program currently operated

pursuant to the Director's general authority, award competitive grants to State, tribal, and local educational agencies (where applicable) to--

`(1) develop and disseminate school-based curricula or programs that focus on a healthy lifestyle that includes promotion of balanced dietary patterns and physical activity to prevent becoming overweight or obese and related, serious, and chronic medical conditions that are associated with being overweight or obese (as such terms are defined in section 3 of the Improved Nutrition and Physical Activity Act);

`(2) provide education and training to education professionals, including health education, physical education, and food service professionals;

`(3) develop and implement policies that create a healthy school environment in relation to nutrition and physical activity; and

`(4) evaluate activities conducted under paragraphs (1) through (3).

`(b) LOCAL EDUCATIONAL GRANTS-

`(1) IN GENERAL- The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Secretary of Education, the Secretary of Agriculture, and the Secretary of the Interior, shall award competitive grants to local educational agencies to plan, implement, and evaluate culturally and linguistically appropriate and competent programs to promote a healthy lifestyle, including programs that, in collaboration with statewide coordinated school health programs, when applicable, increase physical activity and improve the nutritional status of the students at elementary and secondary schools.

`(2) AWARD OF GRANTS- A local educational agency desiring a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan describing how funds received under this section will be used and an evaluation of the program.

`(3) USE OF FUNDS- A local educational agency that receives a grant under this subsection shall use the funds made available through the grant to carry out 4 or more of the following activities:

`(A) Planning and implementing a healthy lifestyle curriculum or program with an emphasis on nutrition and physical activity for each grade level.

`(B) Planning and implementing a physical education and activity curriculum or program for each grade level and purchasing appropriate equipment, with no more than 15 percent of a grant award used for purchasing such equipment.

`(C) Planning and implementing healthy lifestyle classes or programs for

parents and guardians, with an emphasis on nutrition and physical activity.

`(D) Planning and implementing after-hours physical activity programs.

`(E) Creating opportunities for students to choose foods to improve nutritional status.

`(F) Training teachers and staff, including food service workers, on how to teach good nutrition and physical activity practices.

`(G) Other activities as deemed appropriate by the Secretary.

`(4) EVALUATION- An agency that receives a grant under this subsection shall submit to the Secretary an evaluation, in collaboration with an academic department or other qualified community-based entity, describing the activities carried out under the grant, the effectiveness of the activities in increasing physical activity, improving nutrition, and preventing individuals from becoming overweight and obese, and such other information as the Secretary may require.

`(c) COMMUNITY EDUCATIONAL GRANTS-

`(1) IN GENERAL- The Secretary, acting through the Centers for Disease Control and Prevention, shall award competitive grants to universities, colleges, or community-based nonprofit organizations to develop, implement, and evaluate programs to promote healthy eating and physical activity in youth and to conduct effectiveness reports to identify programs that have demonstrated effectiveness in improving nutritional status and physical activity in youth.

`(2) AWARD OF GRANTS- A university, college, or community-based nonprofit organization desiring a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

`(3) GEOGRAPHIC DIVERSITY AND FOOD-BASED RESEARCH- In awarding grants under this section, the Secretary shall take into consideration whether grantees are geographically dispersed to ensure regional balance, including proposal submissions with multiple institutions, and ensure that the set of grants awarded under this section focus on physical activity and food-based research, realizing that land-grant colleges historically have been known to have strength in food-based research.

`(4) INFORMATION AVAILABILITY- Information about programs funded with grants authorized under this subsection shall be made available to State, tribal, and local educational agencies and may be used in planning and implementing programs described in subsections (a) and (b).

`(d) TECHNICAL ASSISTANCE- The Secretary may set aside an amount not to exceed 15 percent of the total amount appropriated for a fiscal year under subsection (e) to permit the Director of the Centers for Disease Control and Prevention to--

`(1) provide grantees with technical support in the development, implementation, and evaluation of programs under this section; and

`(2) disseminate culturally and linguistically appropriate and competent information about strategies and interventions in preventing and treating obesity through the promotion of good nutrition and physical activity.

`(e) AUTHORIZATION OF APPROPRIATIONS- There is authorized to be appropriated to carry out this section \$40,000,000 for fiscal year 2004, and such sums as may be necessary for each of fiscal years 2005 through 2008.'

SEC. 302. NATIONAL CENTER FOR HEALTH STATISTICS.

Section 306 of the Public Health Service Act (42 U.S.C. 242k) is amended by striking subsection (n) and inserting the following:

`(n)(1) The Secretary, acting through the Center, may provide for the--

`(A) collection of data for determining the fitness levels of children and youth; and

`(B) analysis of data collected as part of the National Health and Nutrition Examination Survey and other data sources.

`(2) In carrying out paragraph (1), the Secretary, acting through the Center, may make grants to states, public and nonprofit entities.

`(3) The Secretary, acting through the Center, may provide technical assistance, standards, and methodologies to grantees supported by this subsection in order to maximize the data quality and comparability with other studies.'

TITLE IV--INSTITUTE OF MEDICINE STUDY

SEC. 401. STUDY OF THE FOOD SUPPLEMENT AND NUTRITION PROGRAMS OF THE DEPARTMENT OF AGRICULTURE.

(a) IN GENERAL- The Secretary of Agriculture shall request that the Institute of Medicine conduct, or contract with another entity to conduct, a study on the food and nutrition assistance programs run by the Department of Agriculture.

(b) CONTENT- Such study shall--

(1) investigate whether the nutrition programs and nutrition recommendations are

based on the latest scientific evidence;

(2) investigate whether the food assistance programs contribute to either preventing or enhancing obesity and being overweight in children, adolescents, and adults;

(3) investigate whether the food assistance programs can be improved or altered to contribute to the prevention of obesity and becoming overweight; and

(4) identify obstacles that prevent or hinder the programs from achieving their objectives.

(c) REPORT- Not later than 24 months after the date of enactment of this Act, the Secretary of Agriculture shall submit to the appropriate committees of Congress a report containing the results of the Institute of Medicine study authorized under this section.

(d) AUTHORIZATION OF APPROPRIATIONS- There is authorized to be appropriated to carry out this section \$750,000 for fiscal years 2004 and 2005.

TITLE V--AGENCY FOR HEALTHCARE RESEARCH AND QUALITY STUDIES

SEC. 501. EVIDENCE REPORT ON WEIGHT REDUCTION PROGRAMS.

(a) IN GENERAL- The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall conduct or support an evidence report on the effectiveness of weight reduction programs.

(b) CONTENT- The study described in subsection (a) shall evaluate the available scientific evidence regarding the safety and effectiveness of the programs, including programs that use dietary supplements, behavior modification, and other weight loss methods, and how successful the programs are in helping individuals achieve short-term weight loss and sustain long-term weight maintenance.

(c) REPORT- The Secretary shall, not later than 18 months after the date of enactment of this Act, prepare and submit to the relevant committees of Congress a report that describes the results of the evidence report described in this section. Such report shall be made available on the web site of the Agency for Healthcare Research and Quality.

(d) AUTHORIZATION OF APPROPRIATIONS- There is authorized to be appropriated to carry out this section, \$500,000 for fiscal year 2004.

SEC. 502. HEALTH DISPARITIES REPORT.

Not later than 18 months after the date of enactment of this Act, and annually thereafter, the Director of the Agency for Healthcare Research and Quality shall review all research that results from the activities outlined in this Act and determine if particular information may be important to the report on health disparities required by section 903(c)(3) of the

Public Health Service Act (42 U.S.C. 299a-1(c)(3)).

TITLE VI--PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

SEC. 601. USE OF ALLOTMENTS.

Section 1904(a)(1) of title XIX of the Public Health Service Act (42 U.S.C. 300w-3(a)(1)) is amended by adding at the end the following:

“(H) Activities and community education programs designed to address and prevent overweight, obesity, and eating disorders through effective programs to promote healthy eating, and exercise habits and behaviors.”.

TITLE VII--MEDICARE NUTRITION THERAPY DEMONSTRATION PROJECT

SEC. 701. DEMONSTRATION PROJECT TO REDUCE OBESITY AND OTHER CHRONIC DISEASE RISKS.

(a) DEMONSTRATION- The Secretary, in consultation with the Administrator of the Centers for Medicare & Medicaid Services, shall conduct a demonstration project to develop a comprehensive and systematic model for improving the health of older Americans.

(b) CONTENT- The demonstration project described in subsection (a) shall--

(1) identify, through self-assessment, behavioral risk factors, such as obesity and overweight, poor nutrition, physical inactivity, alcohol use, tobacco use, and mental health problems among those target individuals;

(2) identify, through self-assessment, needed medicare clinical preventive and screening benefits among those target individuals;

(3) identify, through self-assessment, functional and self-management information the Secretary determines to be appropriate;

(4) provide ongoing support to reduce risk factors and promote the appropriate use of preventive and screening benefits; and

(5) improve health outcomes, satisfaction, quality of life, and appropriate use of medicare-covered services among those target individuals.

(c) DEFINITIONS- In this section:

(1) TARGET INDIVIDUALS- The term “target individuals” means individuals who are medicare beneficiaries under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) who shall include different segments of the population including racial

and ethnic minority groups and persons of lower socioeconomic status. The demonstration is completely voluntary on the part of target individuals.

(2) SELF-ASSESSMENT- The term `self-assessment' means a form delivered by the Secretary to each target individual that--

(A) includes questions regarding--

(i) behavioral risk factors;

(ii) needed preventive and screening services; and

(iii) target individuals' preferences for receiving followup information; and

(B) is then assessed using such computer generated assessment programs and provides ongoing support to the individual as the Secretary determines appropriate.

(3) ONGOING SUPPORT- The term `ongoing support' means--

(A) to provide target individuals with information, feedback, health coaching, and recommendations regarding--

(i) the results of the self-assessment;

(ii) behavior modification based on the self-assessment; and

(iii) any need for clinical preventive and screening services or treatment including medical nutrition therapy;

(B) to provide target individuals with referrals to community resources and programs (such as senior centers) available to assist the target individual in reducing health risks;

(C) information on available volunteer opportunities to promote active engagement in the community; and

(D) to provide the information described in subparagraph (A) to a health care provider, if designated by the target individual to receive such information.

(d) PROGRAM DESIGN-

(1) INITIAL DESIGN- Not later than 1 year after the date of enactment of this Act, the Secretary shall design the demonstration project. The demonstration should draw upon promising, innovative models and incentives to reduce behavioral risk factors.

The Administrator of the Centers for Medicare & Medicaid Services shall consult with the Director of the Centers for Disease Control and Prevention, the Director of the Office of Minority Health, and the heads of other agencies in the Department of Health and Human Services, and professional organizations, as the Secretary determines to be appropriate on the design, conduct, and evaluation of the demonstration.

(2) **NUMBER AND PROJECT AREAS-** Not later than 2 years after the date of enactment of this Act, the Secretary shall implement 1 demonstration project designed to determine whether similar programs should be implemented for the general medicare population.

(e) **REPORT TO CONGRESS-** Not later than 3 years after the date the Secretary implements the demonstration project under this section, the Secretary shall submit to Congress a report that describes the project, evaluates the effectiveness and cost effectiveness of the project, evaluates the beneficiary satisfaction under the project, and includes any other information the Secretary determines to be appropriate.

(f) **WAIVER AUTHORITY-** The Secretary shall waive compliance with the requirements of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) to such extent and for such period as the Secretary determines is necessary to conduct the demonstration project under this section.

(g) **FUNDING-** The Secretary shall provide for the transfer from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Insurance Trust Fund under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) an amount not to exceed \$25,000,000 for the costs of designing, implementing, and evaluating the demonstration project under this section.

TITLE VIII--OVERWEIGHT AND OBESITY TREATMENT AND PREVENTION DEMONSTRATION PROJECTS

SEC. 801. GRANTS TO LOCAL HEALTHCARE DELIVERY SYSTEMS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) as amended in section 201, is further amended by adding at the end the following:

`SEC. 399BB. GRANTS TO LOCAL HEALTHCARE DELIVERY SYSTEMS.

`(a) **IN GENERAL-** The Secretary shall award grants to eligible entities to implement demonstration overweight and obesity (as such terms are defined in section 3 of the Improved Nutrition and Physical Activity Act) treatment and prevention programs using evidence-based recommendations.

`(b) **ELIGIBLE ENTITY-** In this section, the term `eligible entity' means a federally

qualified health center (as defined in section 1861(aa)(4) of the Social Security Act (42 U.S.C. 1395x(aa)(4)), rural health clinic, health department, Indian Health Service hospital or clinic, Indian tribal health facility, urban Indian facility, or other health care service provider, as determined appropriate by the Secretary.

`(c) AWARD OF GRANTS- An eligible entity desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the use of funds awarded under the grant and an evaluation of the program.

`(d) USE OF FUNDS- An eligible entity that receives a grant under this section shall use the funds made available through the grant to carry out 3 or more of the following activities in a culturally and linguistically appropriate and competent manner:

`(1) Providing nutrition and physical activity services by a health professional to treat or prevent overweight and obesity.

`(2) Providing patient education and counseling to increase physical activity and improve nutrition.

`(3) Providing community education on nutrition and physical activity by a health professional to provide better understanding of the relationship between diet, physical activity, and obesity.

`(4) Training health professionals on how to identify and treat obese and overweight individuals which may include nutrition and physical activity counseling.

`(5) Providing education and referring individuals to appropriate health care agencies and community-based programs and organizations in order to increase access to quality health care services, including preventive health services.

`(6) Training and supervising community health workers by qualified health professionals to--

`(A) educate families regarding the relationship between nutrition, eating habits, physical activity, and obesity;

`(B) educate families about effective strategies to improve nutrition, establish healthy eating patterns and establish appropriate levels of physical activity; and

`(C) educate and guide parents regarding the ability to model and communicate positive health behaviors.

`(7) Other activities that are deemed appropriate by the Secretary.

`(e) EVALUATION- An eligible entity that receives a grant under this section shall, in collaboration with an academic health center or other qualified community-based entity, submit to the Secretary a report describing the activities carried out under the grant, the effectiveness of the activities in increasing physical activity, improving nutrition, and preventing overweight and obesity, and such other information as the Secretary may require.

`(f) TECHNICAL ASSISTANCE- The Secretary may set aside an amount not to exceed 15 percent of the total amount appropriated for a fiscal year under subsection (g) to--

`(1) provide grantees with technical support in the development, implementation, and evaluation of programs under this section; and

`(2) disseminate culturally and linguistically appropriate and competent information about strategies and interventions in preventing and treating obesity through the promotion of good nutrition and physical activity.

`(g) AUTHORIZATION OF APPROPRIATIONS- There is authorized to be appropriated to carry out this section, \$40,000,000 for fiscal year 2004, and such sums as may be necessary for each of fiscal years 2005 through 2008.'

TITLE IX--RESEARCH ON OBESITY

SEC. 901. REPORT ON OBESITY RESEARCH.

(a) IN GENERAL- Not later than 1 year after the date of enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on research on causes and health implications of obesity and being overweight.

(b) CONTENT- The report described in subsection (a) shall contain--

(1) descriptions on the status of relevant, current, ongoing research being conducted in the department including--

(A) the types and numbers of studies completed or being conducted by the National Institutes of Health on--

(i) mechanisms responsible for obesity (including nutrition, physical activity, genetic causes such as syndrome X), the prevention of and the treatment for obesity and related, serious, and chronic medical conditions (including diabetes and cardiovascular disease); and

(ii) psychosocial aspects of obesity;

(B) the types and number of studies completed or being conducted by the

Centers for Disease Control and Prevention on individual and community interventions to prevent individuals from becoming overweight or obese;

(C) the types of studies completed or being conducted by the Agency for Healthcare Research and Quality on the treatment and prevention of overweight and obesity;

(D) the types of studies being conducted by the Health Resources and Services Administration on the prevention of overweight and obesity; and

(E) what these studies have shown about the causes of, prevention of, and treatment of overweight and obesity; and

(2) recommendations on further research that is needed, including research among diverse populations, the department's plan for conducting such research, and how current knowledge can be disseminated.

TITLE X--YOUTH MEDIA CAMPAIGN

SEC. 1001. GRANTS AND CONTRACTS FOR A NATIONAL CAMPAIGN TO CHANGE CHILDREN'S HEALTH BEHAVIORS.

Section 399Y of the Public Health Service Act (42 U.S.C. 280h-2) is amended--

(1) in subsection (b), by striking `2005' and inserting `2008';

(2) by redesignating subsection (b) as subsection (c); and

(3) by inserting after subsection (a) the following:

`(b) GRANTS-

`(1) IN GENERAL- As part of the campaign described in subsection (a), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award grants or contracts to eligible entities to design and implement culturally and linguistically appropriate and competent campaigns to change children's health behaviors.

`(2) ELIGIBLE ENTITY- In this subsection, the term `eligible entity' means a marketing, public relations, advertising, or other appropriate entity.

`(3) CONTENT- An eligible entity that receives a grant under this subsection shall use funds received through such grant or contract to utilize marketing and communication strategies to--

`(A) communicate messages to help young people develop habits that will

foster good health over a lifetime;

`(B) provide young people with motivation to engage in sports and other physical activities;

`(C) influence youth to develop good health habits such as regular physical activity and good nutrition;

`(D) educate parents of young people on the importance of physical activity and improving nutrition, how to maintain healthy behaviors for the entire family, and how to encourage children to develop good nutrition and physical activity habits; and

`(E) discourage stigmatization and discrimination based on body size or shape.

`(4) REPORT- The Secretary shall evaluate the effectiveness of the campaign described in paragraph (1) in changing children's behaviors and report such results to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.'.

TITLE XI--EATING DISORDERS

SEC. 1101. SHORT TITLE.

This title may be cited as the `Promoting Healthy Eating Behaviors in Youth Act'.

SEC. 1102. FINDINGS.

Congress makes the following findings:

(1) Anorexia Nervosa is an eating disorder characterized by self-starvation and excessive weight loss.

(2) Anorexia Nervosa is common: an estimated .5 to 3.7 percent of American women will suffer from this disorder in their lifetime.

(3) Anorexia Nervosa is associated with serious health consequences including heart failure, kidney failure, osteoporosis, and death.

(4) Anorexia Nervosa has the highest mortality rate of all psychiatric disorders. A young woman is 12 times more likely to die than other women her age without Anorexia.

(5) Anorexia Nervosa usually appears in adolescence.

- (6) Bulimia Nervosa is an eating disorder characterized by excessive food consumption followed by inappropriate compensatory behaviors, such as self-induced vomiting, misuse of laxatives, fasting, or excessive exercise.
- (7) Bulimia Nervosa is common: an estimated 1.1 to 4.2 percent of American women will suffer from this disorder in their lifetime.
- (8) Bulimia Nervosa is associated with cardiac, gastrointestinal, and dental problems including irregular heartbeats, gastric rupture, peptic ulcer, and tooth decay.
- (9) Bulimia Nervosa usually appears in adolescence.
- (10) On the 1999 Youth Risk Behavior Survey, 7.5 percent of high school girls reported recent use of laxatives or vomiting to control their weight.
- (11) Binge Eating Disorder is characterized by frequent episodes of uncontrolled overeating.
- (12) Binge Eating Disorder is common: an estimated 2 to 5 percent of Americans experience this disorder in a 6-month period.
- (13) Binge Eating is associated with obesity, heart disease, gall bladder disease, and diabetes.
- (14) Eating disorders are commonly associated with substantial psychological problems, including depression, substance abuse, and suicide.
- (15) Obesity is reaching epidemic proportions: 27 percent of United States adults are obese and 13 percent of children and 14 percent of adolescents are seriously overweight.
- (16) Poor eating habits have led to a 'calcium crisis' among American youth: only 13.5 percent of adolescent girls get the recommended daily amount of calcium, placing them at serious risk for osteoporosis and other bone diseases. Because nearly 90 percent of adult bone mass is established by the end of this age range, the Nation's youth's insufficient calcium intake is truly a calcium crisis.
- (17) Eating disorders of all types are more common in women than men.
- (18) Eating preferences and habits are established in childhood.
- (19) Poor eating habits are a risk factor for the development of eating disorders, obesity and osteoporosis.
- (20) However, simply urging overweight youth to be thin has not reduced the prevalence of obesity and may result in other problems including body

dissatisfaction, low self-esteem, and eating disorders.

(21) Therefore, effective interventions for promoting healthy eating behaviors in youth should promote healthy lifestyle and not inadvertently promote unhealthy weight management techniques.

SEC. 1103. PURPOSES.

The purposes of this title are as follows:

- (1) To increase preventive health activities designed to promote the development of healthy eating habits and behaviors in youth.
- (2) To support research to develop and test educational curricula and intervention programs aimed at promoting healthy eating habits and behaviors in youth.
- (3) To identify and disseminate effective intervention programs aimed at promoting healthy eating habits and behaviors in youth.

SEC. 1104. AMENDMENTS.

Title III of the of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended in section 801, is further amended by adding at the end the following:

`SEC. 399CC. GRANTS TO PROMOTE CHILDHOOD NUTRITION AND PHYSICAL ACTIVITY.

`(a) PROGRAM AUTHORIZED- The Secretary, acting through the Director of the Centers for Disease Control and Prevention (hereafter the `Director') and in coordination with the Office of Women's Health and the National Institutes of Health, shall award competitive grants to States, political subdivisions of States, accredited universities, colleges, or nonprofit organizations, for the implementation of State and community-based intervention programs to promote good nutrition, including promoting

health eating behaviors and physical activity in children and adolescents. Such grants may be awarded to target youth or specific at-risk populations, such as adolescent girls.

`(b) ELIGIBILITY- To be eligible to receive a grant under this section a State, political subdivision of a State, university, college, or nonprofit organization shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan that describes--

- `(1) how the applicant proposes to develop a comprehensive program of school- and community-based approaches to encourage and promote good nutrition and appropriate levels of physical activity with respect to children or adolescents in local

communities;

`(2) the manner in which the applicant shall coordinate with appropriate State and local authorities, such as State and local school departments, State departments of health, chronic disease directors, State directors of programs under section 17 of the Child Nutrition Act of 1966, 5-a-day coordinators, governors councils for physical activity and good nutrition, and State and local parks and recreation departments; and

`(3) the manner in which the applicant will evaluate the effectiveness of the program carried out under this section.

`(c) USE OF FUNDS- A State, political subdivision of a State, university, college, or nonprofit organization that receives a grant under this section shall use funds received--

`(1) develop and test educational curricula and intervention programs designed to promote healthy eating behaviors and habits in youth, including science-based interventions with multiple components such as--

`(A) nutritional content;

`(B) understanding and responding to hunger and satiety;

`(C) positive body image development;

`(D) positive self-esteem development; and

`(E) learning life skills, such as stress management, communication skills, problem solving and decision making skills, as well as consideration of cultural and developmental issues, and the role of family, school, and community;

`(2) develop, implement, disseminate, and evaluate school and community-based strategies to reduce inactivity and improve nutrition among children and adolescents;

`(3) expand opportunities for physical activity programs in school- and community-based settings; and

`(4) develop, implement, and evaluate programs that promote good eating habits and physical activity including opportunities for children and adolescents with cognitive and physical disabilities.

`(d) TECHNICAL ASSISTANCE- The Secretary may set-aside an amount not to exceed 10 percent of the amount appropriated for a fiscal year under subsection (h) to permit the Director of the Centers for Disease Control and Prevention to--

`(1) provide States and political subdivisions of States with technical support in the development and implementation of programs under this section; and

`(2) disseminate information about effective strategies and interventions in preventing and treating obesity through the promotion of good nutrition and physical activity.

`(e) LIMITATION ON ADMINISTRATIVE COSTS- Not to exceed 10 percent of the amount of a grant awarded to the State or political subdivision under subsection (a) for a fiscal year may be used by the State or political subdivision for administrative expenses.

`(f) TERM- A grant awarded under subsection (a) shall be for a term of not to exceed 4 years.

`(g) DEFINITIONS- In this section:

`(1) CHILDREN AND ADOLESCENTS- The term `children and adolescents' means individuals who do not exceed 18 years of age.

`(2) HEALTHY EATING- The term `healthy eating' means having regular eating habits, such as eating 3 meals a day to satisfy hunger, eating for nourishment, health, and energy, eating in such a manner as to acknowledge internal signals of appetite and satiety, and eating in a healthy manner in ordinary social environments to promote healthy social relationships with family, peers, and community.

`(h) REPORT- The Director shall review the results of the grants awarded under this section and other related research and identify programs that have demonstrated effectiveness in promoting healthy eating behaviors and habits in youth. Such programs shall be referred to as `Programs that Work'. Information about Programs that Work, including program curricula, shall be made readily available to the public.

`(i) SUNSET- The provisions of this section shall be effective for 5 years after the date of enactment of this section.

`(j) AUTHORIZATION OF APPROPRIATIONS- There is authorized to be appropriated to carry out this section, \$5,000,000 for fiscal year 2004, \$5,500,000 for fiscal year 2005, \$6,000,000 for fiscal year 2006, \$6,500,000 for year 2007, and \$1,000,000 for year 2008.'

END